

AFFIDAVIT

State of _____ County of _____

On this day _____ before me, the undersigned notary public, and after I administered an oath to the said affiant, the following was said:

1. My name is _____

2. I am an adult currently residing at:

P.O. Box _____ Physical Address _____ City _____ State _____ Zip code _____

3. Date of Birth _____ Social Security Number XXX-XX-_____

4. Enrollment Number _____

5. I received and lost _____ or Never received _____ Stumpage Check 12- 08- 2008

I am capable of making this affidavit and understand that I do not have said December 08, 2008 Stumpage Payment check/per capita check in my possession, nor have I cashed it or resented it to another person to cash it on my behalf, nor have I any knowledge of the whereabouts of said check issued to me. I understand that any attempt on my part to cash the original December 08, 2008 Stumpage Payment check issued to me, or aid or request to cash said check constitutes a fraud upon the Menominee Indian Tribe.

I request to Menominee Indian Tribe to stop payment on December 08, 2008 stumpage payment check and reissue a new one.

Signature of Affiant _____

SUBSCRIBED AND SWORN to be me this _____ day of _____, 20____.

SEAL

Notary Public State of _____, County of _____.

My Commission Expires: _____.